

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>NUR-</i>		<i>04-04-01</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>59</i>	<i>9101</i>
<b>FORMALITY REVIEW</b>	<i>LC</i>	<i>1024</i>	<i>10/5/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

*1024*

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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10/05/01*If more than 150 claims or 10 actions  
staple additional sheet here

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